

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34336

State File No.

Registrar's No.

LED NOV 10 1943

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Callaway County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 Hours
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME IONA BERTHA MEANS

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife J. R. Means 6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased Nov. 13, 1904
(Month) (Day) (Year)

8. AGE: Years 38 Months 11 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace Callaway County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

MOTHER FATHER { 12. Name Lewis Raps
13. Birthplace Callaway County, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Cora Walton
15. Birthplace Callaway County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant J. R. Means
(b) Address R. P. D. # 1, Fulton, Mo.
17. (a) Burial (b) Date thereof 10/30/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Carmel Cemetery
18. (a) Signature of funeral director Leo H. Wallace
(b) Address Fulton, Mo.
19. (a) 10-30-1943 (b) Josie M. Morris
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway 14
(c) City or town Rural -- Fulton Rt. #1 0
(If outside city or town limits, write "RURAL")
(d) Street No. 3 Mile N. E. Fulton. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 27
year 43 hour 5 minute 30 M.

21. I hereby certify that I attended the deceased from Oct 23, 1943 to Oct 27, 1943
that I last saw her alive on Oct 26
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia 4 days
Duration

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature H. J. Owen (M. D. or other) _____
Address Fulton Mo Date signed 10.27.43

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Registered Apprentice No.....

Signed: Albert C. White

P. O. Address. Quillon, Mo.

If this body is not embalmed, fact should be so stated above.